

SAO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

District of
MASSACHUSETTS

Stephen Scanlon

SUMMONS IN A CIVIL CASE

V.
Andrea Cabral, Sheriff of Suffolk County;
the County of Suffolk; and City Council
of the City of Boston

CASE NUMBER: 04-10418 MEL

04 10418 MEL

TO: (Name and address of Defendant)

The County of Suffolk
c/o Rosaria Salerno, Clerk
City of Boston
City Hall
One City Hall Square
Boston, MA 02201

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

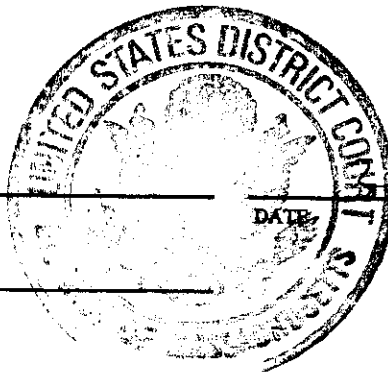
David Rome, Esq.
Pyle, Rome, Lichten & Ehrenberg, P.C.
18 Tremont Street, Suite 500
Boston, MA 02108

an answer to the complaint which is served on you with this summons, within twenty days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

(By) DEPUTY CLERK



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OFFICIAL USE

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Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11

Postmark: MILK ST. Boston MA #6
 2004 MAR 13 2/3/04

Sent To: Rosaria Salerno, Clerk
 Street, Apt. No.,
 or PO Box No. City of Boston, City Hall
 City, State, ZIP+4[®] Boston MA 02201

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Rosaria Salerno, Clerk
City of Boston
City Hall
One City Hall Sq
Boston MA 02201

2. Article Number
 (Transfer from service label)
7003 2260 0004 6696 0283

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Rosaria Salerno
 Addressee

B. Received By (Printed Name)
Rosaria Salerno

C. Date of Delivery
MAR 13 2004

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes